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OPPEDAHL & LARSON

FILE	NO	SELF	.P-005-	us
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COMBINED DECLARATION AND POWER OF ATTORNEY

As a be	elow named inven	tor, I hereby declare th	at:		
My citiz	zenship, residence	and post office addre	ss are as listed below next to	my name.	•
a pater	re I am the originant is sought on the OSITIONS FOR Necification of which	invention entitled: <u>DIS</u> MAKING SAME	oint inventor of the subject ma POSABLE GLUCOSE TEST	tter which is claime STRIPS AND MET	ed and for which HODS AND
(a) []	is attached here	to.			
(b) [X]	was filed onF		as Application Serial No.	08/601,223	and was
(c)[]	was described a amended on	and claimed in Internati	onal Application No.	filed on	and
		Acknowledg	gement of Duty of Disclosu	re	
the cla which	lims, as amended is material to the	by any amendment re	tood the content of the above ferred to above. Wacknowled ject matter claimed in this ap	ide the duty to disc	ose monnation
		Continu	ation-In-Part Application		
below United acknow 1.56(a	and, insofar as the States application	e subject matter of eac n in the manner provid o disclose material info between the filing date	d States Code, § 120 of any ch of the claims of this applicated by the first paragraph of Tirmation as defined in Title 37 of the prior application and the state of the state	ation is not disclose litle 35, United State 7. Code of Federal i	es Code § 112, I regulations, §
(Applica	ation Serial No.)	(Filing Date)		(Status)(patente	d,pending,abandoned)
(Applica	ation Serial No.)	(Filing Date)		(Status)(patente	d,pending,abandoned)
			Power of Attorney		•
of OP	PEDAHI RIARS	ON having office at 13	O. 32,746 and Marina T. Lars 992 Commerce Street, Yorkto transact all business in the P	JAMIT LIGIDING '141 I	0000 da
OPP 1992	D CORRESPONDENCE PEDAHL & LARSON COMMERCE STREE	T, SUITE 309	DIRECT TELEPHONE O OPPEDAHL & LARSON (914) 245-3252		

JUL. 1.1996 _ 8:10AM P 5 PHONE NO. : 9149624330

APHONE NO. :

OPPEDAHL & LARSON

FILE NO. SELF.P-005-US

Claim for Priority

I hereby claim priority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

		(day/month/year)	(day/month/year)	
				YES[] NO[]
				YES[] NO[]
	. 1			YES[] NO[]
FOREIGN APPLICATION(S	S), IF ANY, FILED MORE THA	N 12 MONTHS (6 MON	ITHS FOR DESIGN) PRIC	OR TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

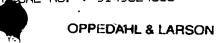
NAME OF SOLE LAST NAME OR FIRST McAleer INVENTOR	FIRST NAME Jerome	MIDDLE NAME F.	
RESIDENCE & CITY OF RESIDENCE CITIZENSHIP	STATE OR COUNTRY OF RESIDENCE England	COUNTRY OF CITIZENSHIP United Kingdom	
POST OFFICE ADDRESS 52 Notles due GRWE	CITY WANTAGE	STATE/COUNTRY ZIP CODE Ox 12 ONR UK	
DATE 151 July 1996	SIGNATURE ##		

[x] Signature for additional joint inventor attached. Number of Pages 1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ___.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.

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FILE NO. SELF.P-005-US

	The state of the s		
NAME OF SECOND INVENTOR	LAST NAME Scott	FIRST NAME David	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE England	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRES	SS	СПҮ	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF THIRD INVENTOR	LAST NAME Hall	FIRST NAME Geoff	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRES	SS	СПУ	STATE/COUNTRY ZIP CODE
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NAME OF FOURTH INVENTOR	LAST NAME Alvarez-Icaza	FIRST NAME Manuel	MIDDLE NAME
	LAST NAME Alvarez-Icoza dcaza-Ainvarez CITY OF RESIDENCE		COUNTRY OF CITIZENSHIP
RESIDENCE & CITIZENSHIP POST OFFICE ADDRES	city of residence	Manuel STATE OR COUNTRY OF	COUNTRY OF CITIZENSHIP
RESIDENCE & CITIZENSHIP	city of residence	STATE OR COUNTRY OF RESIDENCE United Kingdom	COUNTRY OF CITIZENSHIP Mexico STATE/COUNTRY ZIP CODE
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OPPEDAHL & LARSON

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OST OFFICE ADDRESS	as and mill	CITY	STATE COUNTRY 20 CODE OXON OX8 652
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NAME OF THIRD	LAST NAME Hall	FIRST NAME Geoff	MODLE NAME
RESIDENCE &	CITY OF RESIDENCE	STATE OR COUNTRY OF REBIDENCE	COUNTRY OF CITIZENESS
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DATE	1/16	SIGNATURE GIGH	
NAME OF FOURTH	LAST NAME ICAZE-AINVAREZ	FIRST NAME Manuel	MIDDLE NAME
RESIDENCE &	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENGIA
POST OFFICE ADD	RESS	CITY	STATE-COUNTRY ZP CODE
DATE		SIGNATURE	
NAME OF FIFTH	LAST NAME Plotkin	FIRST NAME Ellioti	MIDDLE NAME V.
RESIDENCE &	CITY OF REBIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENEMS
POST OFFICE ADI	DRESS	CITY	STATE/COUNTRY ZP COD
DATE -	A.	SIGNATURE	